



American Prosthodontic Society Annual Student of Merit Award Application

NAME OF THE PROGRAM DIRECTOR REQUESTING THE AWARD:

FIRST NAME: _____ LAST NAME: _____

DENTAL SCHOOL: _____

DATE OF AWARD CEREMONY: _____

CONTACT PERSON: _____

CONTACT EMAIL ADDRESS: _____

CONTACT PHONE NUMBER: _____

Please complete the following two sections below.

**1. Fill in name, degree, institution, and year as you want them to be printed on the certificate.
(For example: John Q. Johnson, DMD University of Sydney, 1999)**

AWARDEE NAME: _____

UNIVERSITY AND YEAR: _____

**2. Shipping Address: (Your name, Department, College, University, Box No. Or Street Address,
City, State, Country, & Zip Code)**

SHIP TO ATTENTION: _____

SHIP TO ADDRESS: _____

ADDRESS: _____

SHIP TO CITY, STATE, POSTAL CODE: _____

3. Please email this form to:

Attn: APS Administration, Lynn@res-inc.com

American Prosthodontic Society

4425 Cass Street, Suite A | San Diego | CA | 92109 | Email: Lynn@res-inc.com

Phone: 858-272-1018 | Fax: 858-272-7687